

IPDR6702				NORTH CAROLINA			PAGE: 1	
RUN DATE: 03/09/2004				IPRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 03/09/2004				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM	8326	93	ATTENDING PROVIDER NUMBER IS R				
	H/DD/SAS			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		21	28	DUPLICATE OF CLAIM-SYSTEM	0	121	123	2
3404902	BLUE RIDGE COMM	8599	1397	DETAIL NOT COVERED BY COMBINAT				
	UNITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	750	DUPLICATE OF CLAIM-SYSTEM	177	2851	4925	2074
		191	432	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	0	0
3404905	TREND COMM MENT	21	899	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		8599	403	DETAIL NOT COVERED BY COMBINAT	0	1433	2085	652
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	119	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404907	RUTHERFORD-POLK	8599	131	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	11	CLIENT ID NUMBER DOES NOT MATC	9	158	374	216
				H PATIENT NAME				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404910	PATHWAYS	8505	909	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	22	FURTHER PROCESSING NECESSARY,	0	944	1214	270
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	6	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8505	1042	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8931	376	AMTNC INELIGIBLE TO RECEIVE SE	513	1863	6139	4276
				RVICES IN IPRS.				
		8599	222	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404913	MECKLENBURG COM ENTAL HEALT	23	5482	SERVICE REQUIRES PRIOR APPROVA L				
		8544	224	CLAIM DENIED DUE TO INVALID FR OM DATE OF SERVICE	101	6218	7264	1046
		143	121	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404916	CROSSROADS BEHA VIOAL HEAL	21	65	DUPLICATE OF CLAIM-SYSTEM				
		8621	31	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	8	165	3528	3363
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8599	246	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	207	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	128	874	3415	2541
		21	129	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	10	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	12	110	97
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	7451	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	773	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	124	8690	10541	1851
		8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2175	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	278	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	216	3242	4891	1649
		8800	275	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404921	ORANGE PERSON C HATHAM AREA	8505	2763	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	515	DUPLICATE OF CLAIM-SYSTEM	17	4249	5933	1684
		5404	354	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT ER	21	1063	DUPLICATE OF CLAIM-SYSTEM				
		24	24	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	1109	1868	759
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	VGFW AREA AUTHO RITY	8505	1339	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	72	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	1531	2179	647
		8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404924	PIEDMONT AREA M H/DD/SAS	8525	12	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		0	0		0	12	12	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	6138	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	489	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	186	7505	10045	2540
		8599	392	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	1593	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	348	CLIENT NOT ELIGIBLE ON SERVICE DATE	115	2354	4828	2474
		8599	136	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1098	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	193	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	6	1558	3324	1759
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	21	180	DUPLICATE OF CLAIM-SYSTEM				
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	353	2765	2412
		8518	19	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8621	11	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	41	64	1367	1303
		8935	7	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8505	2664	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	145	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2832	3031	199
		21	13	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI LLS CO MH C	8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	68	DUPLICATE OF CLAIM-SYSTEM	84	337	2029	1692
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1896	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	151	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	47	2206	3400	1194
		8000	32	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONslow COUNTY B EHAVIORAL H	8505	476	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		24	195	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	5	1052	1904	852
		8800	105	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404936	WILSON-GREENE M ENTAL HEALT	8505	73	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	69	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	108	240	1083	843
		8932	25	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	21	2369	DUPLICATE OF CLAIM-SYSTEM				
		8505	366	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	27	3409	5721	2312
		8599	277	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	RIVERSTONE MENT AL HEALTH C	8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	12	25	85	60
		8932	2	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8505	287	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	217	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	961	2084	1123
		8599	206	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	136	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	56	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	8	425	3029	2604
		120	51	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		24	50	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	4	166	545	379
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	644	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	262	CLIENT NOT ELIGIBLE ON SERVICE DATE	44	1328	3649	2321
		8800	208	FURTHER PROCESSING NECESSARY,				



				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404944	EASTPOINTE HUMAN SERVICES	8505	255	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	123	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	135	706	4750	4044
		21	111	DUPLICATE OF CLAIM-SYSTEM				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404946	FOOTHILLS AREA MENTAL HEALTH	21	3366	DUPLICATE OF CLAIM-SYSTEM				
		8000	724	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL	51	5767	6583	816
		8599	581	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR	8505	1893	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		5404	32	SEVERE DUPLICATE: SAME ATTENDING PROVIDER/PCODE/TOS/DOS/MOD	0	1966	2006	40
		8800	13	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404959	DAVIDSON COUNTY MENTAL HEALTH CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH SERVICES	21	4886	DUPLICATE OF CLAIM-SYSTEM				
		8505	1972	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	56	7531	8021	490
		8800	423	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				